

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IL NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER	BW		10/28
FORMALITY REVIEW	Dr	71423	11-8-99

71423 11-30-99

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/8/01
2	✓	✓	5/29/01
3	✓	✓	1/25/02
4	✓	✓	10/18/02
5	✓	✓	9/30/03
6	✓	✓	6/25/04
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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37	✓	✓	
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39	✓	✓	
40	✓	✓	
41	✓	✓	
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43	✓	✓	
44	✓	✓	
45	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	9/8/01
52	✓	✓	5/29/01
53	✓	✓	1/25/02
54	✓	✓	10/18/02
55	✓	✓	9/30/03
56	✓	✓	6/25/04
57	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
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112			
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)